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CONFIRMATION NO. 6861

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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER<br>10/650,332 | FILING DATE<br>08/27/2003<br><br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1634 | ATTORNEY DOCKET NO.<br>3578.1 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*am* This appln claims benefit of 60/443,499 01/28/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None / Ck*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/18/2003

|   |  |                        |                       |                            |
|---|--|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CA  | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>12 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged<br><i>Carla M...</i><br>Examiner's Signature | Initials               |                       |                            |

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## TITLE

Methods for prenatal diagnosis

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>750 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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